## COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY Includes Reference to PCT International Applications

Attorney's Docket No.4925-184PUS

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## RELEASING A CONNECTION IN A WIRELESS COMMUNICATION NETWORK

the specifi	cation of which (check only one item below)
	is attached hereto
	was filed as United States application
S	erial No
o	n
a	nd was amended
o	n _ (if applicable).
[2	x] was filed as PCT international application
N	Number <u>PCT/EP00/04231</u>

on 09 May 2000

and was amended under PCT Article 19

on \_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

PRIOR FOREIGN/PCT APPLICATION	NS AND ANY PRIOF	RITY CLAIMS UNDER 3	5 U.S.C. 119:
		·	

Country (if PCT, indicate "PCT")	Application Number	Date of Filing (day, month, year)	Priority Under 35	U.S.C.
Great Britian	9913092.4	04 June 1999	[x] YES	[] NO
PCT	PCT/EP00/04231	09 May 2000	[x] YES	[] NO
			[] YES	[] NO
			[] YES	[] NO
			[] YES	[] NO
			[] YES	[] NO
			[] YES	[] NO

Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT Internal Applications)

Attorney's Docket No. 4925-184PUS

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

	U.S. APPLICATION	NS .	S	ΓATUS (check on	e)
U.S. APPLICATION	ON NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLIC	ATIONS DESIGNAT	TING THE U.S.			
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
PCT/EP00/04231	09 May 2000		,	x	

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith (*List name and registration number*)

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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME HAUMONT	FIRST GIVEN NAME Serge	SECOND GIVEN NAME
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-	POST OFFICE ADDRESS	POST OFFICE ADDRESS Riistavuorenkuja 3 B	CITY Helsinki	STATE & ZIP CODE/COUNTRY FIN-00320 Finland
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Co (In	mbined Declaration for I cludes Reference to PCT I	Attorney's Docket No. 4925-184PUS		
2 0 3	FULL NAME OF INVENTOR	FAMILINAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE